ABSTRACT

Title of the study- A study on renal failure in chronic liver disease patients

Aim of the study

To identify the precipitating /risk factors associated with the renal failure in patients with chronic liver disease and the assess the outcome of renal failure on mortality in a period of 2 weeks duration

Study Design- Prospective study

Introduction

Renal failure is a challenging complication in patients with advanced cirrhosis. Patients with cirrhosis are susceptible to develop AKI which is associated with poor prognosis.Pathogenesis of renal dysfunction in CLD is complex.

Methods and Materials

All the patients with chronic liver disease and renal failure were included irrespective of age, sex, etiology. Patients with primary renal pathology were excluded from the study. Totally 40 patients were studied prospectively in the period of 6 months(jan 2016 -june 2016) in thanjavur medical college.Patients were followed for 2weeks(early hospitalization) with detailed history, examination and investigations include cbc , Rbs ,serial renal function tests monitoring , S.electrolytes ,liver function tests , prothrombin time ,Urine analysis, Ascitic fluid analysis, USG Abdomen, UGI scopy ,Blood culture , urine culture. Child pugh score and MELD score calculated for all the patients. Finally the outcome of the patient is assessed for 2 weeks.

Results

In this prospective study, we found that UGI bleed followed by SBP are the major precipitating events for renal failure in CLD. Other precipitating factors are infections, drugs, paracentesis etc., Totally 8 patients died which is 20% mortality. Alcohol is the main etiology for liver disease. High MELD score(>32) with P value < 0.02 and elevated S. creatinine(> 3.2 mg/dl) with P value < 0.02 has significant association with mortality in patients with CLD with renal failure.

Conclusion

All the patients with CLD should be monitored for renal parameters for progressive risk of developing renal failure. We conclude that early identification, intervention and treating the risk factors for renal failure can prevent / reduce the mortality in early hospitalisation(2 weeks). MELD score, Child pugh Score, S. creatinine has significant co-relation with the short term mortality in early hospitalisation (2weeks) as evidenced in the study. As many patients got either discharged/died during the study period, we could follow up patients only for 2 weeks duration. Long term mortality need to be assessed.

Key words- CLD, SBP , MELD